



## Wichita Park & Recreation 2013 Specialty Camps Required Paperwork

### PARTICIPANT MEDICAL and AUTHORIZED PICK-UP FORM

The following information is compiled to assist in case of any medical situation with your child. All information is confidential

CHILD'S NAME			
ADDRESS			
DATE OF BIRTH		GENDER	Male    Female

PARENT/GUARDIAN			RELATIONSHIP TO CHILD	
ADDRESS				
TELEPHONE	HOME:	WORK:	MOBILE:	

PARENT/GUARDIAN			RELATIONSHIP TO CHILD	
ADDRESS				
TELEPHONE	HOME:	WORK:	MOBILE:	

DOCTOR'S NAME			TELEPHONE	
INSURANCE NAME			POLICY NUMBER	

<b>PARTICIPANT'S MEDICAL DETAILS – if YES to any of the following, please give details or attach note</b>	
Is camper being treated for any condition or illness?    YES    NO	
Is the camper currently taking any drug or medication?    YES    NO	
Does camper have any behavioral issues the staff should be aware of?    YES    NO	
Does the camper have any allergies?    YES    NO	

<b>ADDITIONAL PERSONS AUTHORIZED TO PICK UP</b>				
CONTACT NAME			RELATIONSHIP TO CHILD	
TELEPHONE	HOME:	WORK:	MOBILE:	
CONTACT NAME			RELATIONSHIP TO CHILD	
TELEPHONE	HOME:	WORK:	MOBILE:	
CONTACT NAME			RELATIONSHIP TO CHILD	
TELEPHONE	HOME:	WORK:	MOBILE:	

<b>In the event of accident or illness, I authorize Park and Recreation Staff in charge of camp to consent (when it is impractical to communicate with me) to my child receiving such medical treatment as may be deemed necessary</b>				
SIGNED			DATE	